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CONFIRMATION NO. 5059

<b>SERIAL NUMBER</b> 10/584,155	<b>FILING OR 371(c) DATE</b> 06/22/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1611	<b>ATTORNEY DOCKET NO.</b> Q95616
<b>APPLICANTS</b> Hideki Ohyama, Sendai-shi, JAPAN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/19373 12/24/2004  <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-427424 12/24/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/27/2007				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 4
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 65565				
<b>TITLE</b> AGENT OR METHOD FOR TREATING SEVERE APHASIA IN CEREBROVASCULAR ACCIDENT CHRONIC STAGE				
<b>FILING FEE RECEIVED</b> 850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	